FORM 4 Check this box if no

longer subject to

(Print or Type Responses)

Section 16. Form 4 or

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person — White Barbara				2. Issuer Name and Ticker or Trading Symbol Corbus Pharmaceuticals Holdings, Inc. [CRBP]						5. Re	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) C/O CORBUS PHARMACEUTICALS HOLDINGS, INC, 100 RIVER RIDGE DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 01/04/2018						X						
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)						_X_ F	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
NORWOOD	, MA 0206	(State)	(Zip)													
(City)		(State)	(Zip)	Table I - Non-Derivative Securities Acquir						Acquired,	red, Disposed of, or Beneficially Owned					
1.Title of Secur (Instr. 3)	rity	I	Date (Month/Day/Year)			(Instr. 8)		(A) or Disposed of		(D) Owned Followin Transaction(s)		ecurities Beneficially ng Reported		Ownership of In Form: Ben	neficial	
				(Month/L	Ionth/Day/Year)		ode	V	Amour	(A) or	Price	(Instr. 3 and 4)		01 (I	Indirect (Ir	vnership istr. 4)
Reminder: Rep	ort on a sepa	arate line for each cl	ass of securities be	eneficially	owned o	directly		Person in this f	s who		quired to	respond ι		on containe form display		74 (9-02)
										f, or Benefi ible securiti		ed				
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr. 8)		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	Reported Transaction(s)	Derivative Security: Direct (D) or Indirect (I)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	(A)		Date Exercisal		xpiration late	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
				Couc												

Reporting Owners

Describes Occurs Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
White Barbara C/O CORBUS PHARMACEUTICALS HOLDINGS, INC 100 RIVER RIDGE DRIVE NORWOOD, MA 02062			Chief Medical Officer				

Signatures

/s/ Barbara White	01/05/2018
Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) The option award was made in accordance with the terms of the issuer's 2014 Equity Compensation Plan. 25% of the option vests on January 4, 2019, with the remaining 75% of the option vesting in equal monthly installments over a period of 36 months commencing on February 4, 2019.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.